Hundred Years," and others in What is Schizophrenia? (New York: Springer-Verlag, 1991), for some discussion of the problematic status of "dementia praecox" or "schizophrenia."

lxxxix. Clarke himself offers a convenient definition in "The Detection of Mental Defect in School Children," The Canadian Journal of Medicine and Surgery 21.6 (June, 1907): 343-48. "Now, what is dementia precox [sic] -- in other words, precocious dementia? If we limit its definition carefully, we find that it is a form of mental disease appearing generally at the first developmental crisis, rapidly running a course culminating in dementia, as characterized by apathy, indifference, negativism, irrelevance and inability to make continued mental effort" (344). See J.P. Harrison, M.D., "Dementia Praecox," The Bulletin of the Ontario Hospitals for the Insane 3.5 (April, 1910), 6-16. He was the Clinical Assistant at the Toronto Asylum in 1910, so his definitions must reflect the way the disease was perceived toward the end of Clarke's tenure at the Toronto Asylum. His definitions are (not surprisingly) very close to his Superintendent's. Dementia Praecox is a "disease ... of the period of puberty and adolescence. It is characterized by a dementia that tends to progress, but which is frequently interrupted by remissions. The majority of cases occur beteen the ages of twenty and forty, though cases have been reported even earlier than the fifteenth year and as late as the fiftieth" (6-7). General symtpoms include "lack of interest, carelessness, and indifference to dress and environment" (9). He also discusses the forms. "Hebephrenia" is characterized by "mental apathy and progressive dementia" (10), "catatonia" by "hysterical attacks, with epileptiform convulsions" (12), and "paranoia" by "delusions of persecution ... not well systematized, occurring in conjunction with marked intellectual impairment" (15). Like Clarke, he considers dementia praecox, or at least the disposition to it, an inherited disorder. He theorizes that the "disease" -- "retrograde process" (7) -- is "hastened, or perhaps immmediately initiated" by "debilitating influences in early life, such as excessive study, masturbation, etc." (7).

xc. This resembles a part of the process whereby, according to Thomas Szasz, psychiatrists "extend the boundaries of medicine over morals and law" (22) to make themselves what he calls "religious-political leaders and conquerors" (35). In the passage quoted by Clarke in the text of his report to the Provincial Secretary, Kraepelin uses metaphors of imperialism and conquest. Szasz argues that dementia praecox or schizophrenia is not a disease but a behaviour. See Thomas Szasz, Schizophrenia: The Sacred Symbol of Psychiatry (New York: Basic Books, 1976).

xci. C.K. Clarke, "The Detection of Mental Defect in School Children," The Canadian Journal of Medicine and Surgery 21 (June, 1907): 343-48).

xcii. See Nikolas Rose, The Psychological Complex: Psychology, Politics, and Society in England, 1869-1939 (London: Routledge & Kegan Paul, 1985), for a discussion of how what he terms the "psychology of the individual," denies the agency and social being of the patient, in the name of "mental deficiency."

xciii. C.K. Clarke, "The Early Diagnosis of Dementia Precox," Canadian Journal of Medicine and Surgery 37 (January, 1915): 6-14.

xciv. C.K. Clarke, "A Critical Study of the Case of Louis Riel," Part 1, Queen's Quarterly 12 (April, 1905): 379-88; Part 2, Queen's Quarterly 13 (July, 1905): 15-26.

xcv. Greenland is very much "C.K.'s" (as he calls him) apologist on this score, defending Clarke's policy on economic grounds. See Cyril Greenland, Charles Kirk Clarke: A Pioneer of Canadian Psychiatry (Toronto: Clarke Institute, 1966), 21-22.